

Please type a plus sign (+) inside this box → 

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/059,270
		Filing Date	January 31, 2002
		Inventor(s)	Claus E. FURST
		Group Art Unit	2819
		Examiner Name	P. Wamsley
		Attorney Docket Number	45900-000548/US

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APR 05 2004  
PATENT & TRADEMARK OFFICE

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Letter to the Official Draftsperson and <u>five (5)</u> Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name John A. Castellano	Reg. No. 35,094
Signature			
Date	April 5, 2004		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known	
Application Number	10/059,270
Filing Date	January 31, 2002
Inventor(s)	Claus Erdmann FURST
Examiner Name	p. Wamsley
Group Art Unit	2819
Attorney Docket No.	45900-000548/US

<b>METHOD OF PAYMENT (check one)</b>				<b>FEE CALCULATION (continued)</b>			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:				<b>3. ADDITIONAL FEES</b>			
Deposit Account Number <span style="border: 1px solid black; padding: 2px;">08-0750</span>				Large Entity Fee (\$)	Small Entity Fee (\$)	<b>Fee Description</b>	
Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Harness, Dickey &amp; Pierce, P.L.C.</span>				Fee Code	Fee Code	Fee Paid	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				1051 130	2051 65	SurchARGE - late filing fee or oath or cover sheet.	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				1052 50	2052 25	SurchARGE - late provisional filing fee or cover sheet.	
2. <input checked="" type="checkbox"/> Payment Enclosed:				1053 1053	1053 130	Non-English specification	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				1812 2,520	1812 2,520	For filing a request for reexamination	
<b>FEE CALCULATION</b>				1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
<b>1. BASIC FILING FEE</b>				1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
Large Entity Fee (\$)				1251 110	2251 55	Extension for reply within first month	
Small Entity Fee (\$)				1252 420	2252 210	Extension for reply within second month	
Fee Description				1253 950	2253 475	Extension for reply within third month	
Fee Description				1254 1,480	2254 740	Extension for reply within fourth month	
Fee Paid				1255 2,010	2255 1,005	Extension for reply within fifth month	
Fee Paid				1401 330	2401 165	Notice of Appeal	
Fee Paid				1402 330	2402 165	Filing a brief in support of an appeal	
Fee Paid				1403 290	2403 145	Request for oral hearing	
Fee Paid				1451 1,510	1451 1,510	Petition to institute a public use proceeding	
Fee Paid				1452 110	2452 55	Petition to revive – unavoidable	
Fee Paid				1453 1,330	2453 665	Petition to revive – unintentional	
Fee Paid				1501 1,330	2501 665	Utility issue fee (or reissue)	
Fee Paid				1502 480	2502 240	Design issue fee	
Fee Paid				1503 640	2503 320	Plant issue fee	
Fee Paid				1460 130	1460 130	Petitions to the Commissioner	
Fee Paid				1807 50	1807 50	Processing fee under 37 CFR 1.17 (q)	
Fee Paid				1806 180	1806 180	Submission of Information Disclosure Stmt	
Fee Paid				8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
Fee Paid				1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	
Fee Paid				1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	
Fee Paid				1801 770	2801 385	Request for Continued Examination (RCE)	
Fee Paid				1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)				SUBTOTAL (3) (\$ 110.00)			
SUBTOTAL (1) (\$ 0)				*Reduced by Basic Filing Fee Paid			
SUBTOTAL (2) (\$)				SUBTOTAL (3) (\$ 110.00)			

\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		Complete (if applicable)				
Name (Print/Type)	John A. Castellano	Registration No. Attorney/Agent)	35,094	Telephone	703-668-8000	
Signature				Date	April 5, 2004	

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT  
45900-000548/US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Claus E. FURST Conf. No.: 5415  
Serial No.: 10/059,270 Group Art: 2819  
Filed: January 31, 2002 Examiner: P. Wamsley  
FOR: SIGMA DELTA MODULATOR HAVING ENLARGED DYNAMIC  
RANGE DUE TO STABILIZED SIGNAL SWING (As Amended)

**AMENDMENT AFTER FINAL**

BOX AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

April 1, 2004

Dear Sir:

Responsive to the Official Action dated December 5, 2003, the period of response having been extended one (1) month to April 5, 2004, the following amendments and remarks are respectfully submitted in connection with the above-referenced application.

**Amendments to the Claims** begin on page two (2) of this Amendment.

04/06/2004 SMINASS1 00000113 10059270

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